

Turley
12/22/14

Serial #
10/617737

TSS QAS REVIEW SHEET Ver. 3

Issue Processing

| |
|---|
| Dr. M. J. Gentry, Jr. / A. O. Smith |
| Issue Processing |
| <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |

JACKET / ISSUE CLASSIFICATION SHEET

| | |
|---------------------------------|---|
| Primary Examiner box complete | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| Issuing Classification complete | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |

PTO-892/1449

| | |
|--|---|
| Examiner's initials or cross-through lines supplied for each item cited by applicant | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| Date(s) supplied/complete on all PTO-1449/892 sheets (Month and year required) | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| Brief description of drawings includes description of each figure in drawings | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| Continuing data mentioned in 1st paragraph (can be an insert) | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |

CLAIMS

| | |
|--|---|
| Claims listed on Notice of Allowability match allowed claims and/or index of claims | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| Claims correctly numbered in index. (No duplicate or missing claim numbers. And no incorrect dependencies) | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
| One ^{set} sheet of complete claims | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |

RAM FEES

| | Amount Actually Charged | Amount that Should Have Been Charged |
|--|----------------------------|---|
| <input type="checkbox"/> Examiner's amendment Check box if applicable | | |

CRFE-COMPUTER READABLE FORM

| | |
|--|---|
| If necessary (biological sequence listing) | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A |
|--|---|

NOTICE OF ALLOWABILITY

| | |
|---|---|
| If drawing is present, either Box No. 3 (drawings accepted) or Box No. 6 (corrected drawing request) has been checked | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
|---|---|

INITIALED BIB SHEET

| | |
|---------------------------------|---|
| Initialed Bib. sheet is present | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A |
|---------------------------------|---|

REVIEWER COMMENTS

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